FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL						
OMB Number:	3235-0076					
Expires:	May 31, 2005					
Estimated average burden						
hours per response 16.00						

SEC USE ONLY						
Prefix	Serial					
DATE RECEIVED						
1	1					

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Infomercial Funding Corp.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	/ DEL. 2 9 SAA3
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Infomercial Funding Corp.	187
Address of Executive Offices (Number and Street, City, State, Zip Code) 10 East 39 Street, Suite 1004, N.Y., N.Y. 10016	Telephone Number (Including Area-Code) (212) 683-6551
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as above	Telephone Number (Including Area Code)
Brief Description of Business The Company intends to be engaged in the busines selection and production of infomercials.	s of product sourcing, PPOCESSEI
Type-of Business Organization XX corporation limited partnership, already formed other (partnership, to be formed limited partnership, to be formed	please specify): SEP 2 5 2003
Month Year Actual or Estimated Date of Incorporation or Organization: 3 Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
• Each promoter of the issuer, if the issuer has been organized within the past five years;	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of	f a class of equity securities of the issuer
• Each executive officer and director of corporate issuers and of corporate general and managing partners of	partnership issuers; and
Each general and managing partner of partnership issuers.	
Charle Daylor) that Araba	General and/or
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	Managing Partner
Jacobson, Elliott Full Name (Last name first, if individual)	
10 East 39 Street, Suite 1004, N.Y., N.Y. 10016	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Dustiness of Residence Address (Namber and Street, City, State, 219 Code)	
Check Box(es) that Apply: Promoter Beneficial Owner K Executive Officer K Director	General and/or
Jacobson, Linda	Managing Partner
Full Name (Last name first, if individual)	
10 East 39 Street, Suite 1004, N.Y., N.Y. 10016	
Business or Residence Address (Number and Street, City, State, Zip Code)	
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Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Leslie, Susan	Managing Partner
Full Name (Last name first, if individual)	
10 East 39 Street, Suite 1004, N.Y., N.Y., 10016	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Varughese, Amil	Managing Partner
Full Name (Last name first, if individual)	
10 East 39 Street, Suite 1004, N.Y., N.Y., 10016	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Chavez, Diego	Managing Partner
Full Name (Last name first, if individual)	
10 East 39 Street, Suite 1004, N.Y., N.Y. , 10016	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Marer, Dylan	ividinaging i artifor
Full Name (Last name first, if individual)	
10 East 39 Street, Suite 1004, N.Y., N.Y., 10016	
Business or Residence Address (Number and Street, City, State, Zip Code)	
	[7] Comment and the
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Avery, Drew	
Full Name (Last name first, if individual) 10 East 39 Street, Suite 1004, N.Y., N.Y. 10016	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Submitted of Addition (Addition wild Street, Str.), State, Etp Code)	

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l. Has th	e issuer sol	d or does th	ne issuer i	ntend to se	ll to non-s	ccredited	nvestors in	this offer	ing?		Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.									X.			
What is the minimum investment that will be accepted from any individual?								§ 50	<u>,000</u> .00			
									Yes	No		
commi If a per or state	ssion or sim son to be lises, list the n	tion request tilar remune sted is an ass ame of the b , you may s	ration for s ociated pe roker or de	solicitation erson or age ealer. If mo	of purchas ent of a brol ore than fiv	ers in conn ker or deale e (5) perso	ection with or registered ns to be list	sales of sed d with the S ded are asso	curities in t SEC and/or	he offering with a state	;	
Full Name	(Last name	first, if indi	vidual)									
Business or	Residence	Address (N	umber and	d Street, Ci	ity, State, 2	Zip Code)		· · · · · · · · · · · · · · · · · · ·				
						· · · · · · · · · · · · · · · · · · ·						
Name of A	ssociated B	roker or De	aler									
		Listed Has										
(Check	"All State:	s" or check	individual	States)		•••••					☐ Al	l States
IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full Name	(Last name	first, if indi	vidual)									
Business o	r Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)	· · · · · · ·		unit s			
Name of As	ssociated B	roker or De	aler									
States in W	hich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Check	"All State:	s" or check	individual	States)	***************************************	•••••			•••••		☐ Al	l States
IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name	(Last name	first, if indi	vidual)									
Business o	r Residence	: Address (N	lumber an	d Street, C	ity, State,	Zip Code)						
Name of As	ssociated Br	roker or Dea	aler			aranu, ,						
States in W	hich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers		- · ·				
(Check	"All States	s" or check	individual	States)					***************************************		☐ All	l States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PI	ROCEEDS	The second secon	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$\frac{2,125,000}{2,450,000}*	
3.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		2,450,000*	
		Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees	300,000		
	Purchase of real estate] \$	\$	
	Purchase, rental or leasing and installation of machinery and equipment]\$	\$	
	Construction or leasing of plant buildings and facilities] \$	<u>\$</u>	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)			
	Repayment of indebtedness Working capital	\$ 436000	\$	
	Working capital	\$ 4 22,000	\$	
	Other (specify): Product Development & Production	\$1,725,000)	
	Talent Costs, Marketing and Public Relations			
] \$	\$	
	Column Totals	-\$-2,125,000) — s	
		or \$ 2,450,		
_	D. FEDERAL SIGNATURE	X.,		
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sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice in nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Ri	ion, upon written		
ss n:	Der (Print or Type) Fomercial Funding Corp.	ate eptember 1	5, 2003	
la.	me of Signer (Print or Type) Liott Jacobson Title of Signer (Print or Type) President			
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**See prior footnote

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)